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[Hsu ChienHuei](#) \*

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*Article*

# Exploring the Challenges of Inclusive Leadership in Childcare Centers: A Case Study of a Toddler with Cerebral Palsy

Chien-Huei Hsu

Department of Child and Family Studies, Fu Jen Catholic University, 510, Zhongzheng Road, Xinzhuang Dist., New Taipei 242062, Taiwan; ch1101.teacher@gmail.com

**Abstract:** This study centers on childcare facilities catering to children with moderate cerebral palsy, exploring a four-phase process: (1) cultivating an understanding and acceptance, (2) integrating specialized resources, (3) developing strategic plans, and (4) establishing stable collaboration. The case study demonstrates the profound impact of well-rounded support systems. Children with cerebral palsy showed marked improvements in development and emotional stability. Concurrently, their peers developed greater empathy and cooperative skills, smoothly adjusting to the inclusive setting. Additionally, the childcare staff refined their methods and attitudes, enhancing their ability to meet each child's specific needs and thus elevating the standard of integrated care. Concluding with three strategic recommendations, the paper proposes measures to augment the quality of care for children with special needs. These include defining clearer guidelines and policies for special needs care in childcare environments, emphasizing professional development and the amalgamation of diverse resources to cultivate a more skilled caregiving workforce, and encouraging robust partnerships between parents and childcare facilities. These recommendations are expected to significantly influence the domain of inclusive education, providing crucial insights for those engaged in early childhood care and education..

**Keywords:** special education; inclusive childcare; childcare leadership

## 1. Introduction

The prevalence of dual-income families coupled with extended working hours has become a normative paradigm in contemporary society. This shift necessitates external support systems, of which baby care centers have emerged as pivotal. These centers are not merely facilities for alleviating parental stress and burden; they evolve into significant partners in a child's developmental journey within the family education framework. The seminal work of Bronfenbrenner (1979) on Ecological System Theory underpins this perspective by highlighting the crucial role of environmental factors in early childhood development. Central to this theory is the concept of microsystems, encompassing the child's immediate interactions within personal spaces like the family home or care centers. These microsystems are instrumental in shaping early developmental trajectories.

The evaluation of childcare centers pivots on two primary dimensions: structural and process quality. Structural quality encompasses measurable and observable elements such as the physical environment, facilities, resources, staff composition, and qualifications. A center of high structural quality is characterized by an environment equipped with appropriate toys and educational materials, ensuring a safe, comfortable, and conducive learning space. On the other hand, process quality pertains to the experiential aspects of child care, reflecting the daily operational and interactional patterns within these centers. It involves assessing factors such as caregiver expertise, the nature of interactions and attachments between caregivers and children, children's engagement and initiative in activities, the design and execution of childcare programs, and feedback from parents and children (Vandell, 2010; Slot, 2018; Pianta, Hamre & Nguyen, 2020).

The landscape of educational approaches has seen a notable shift in recent years, with Integrated Education (IE) or Inclusive Education (IE) gaining prominence. This trend advocates for assimilating

children with special needs into general education settings, championing equity and justice in children's rights. Creating a supportive IE environment aims not just for mere inclusion but for fostering enriched learning and social interaction experiences among all peers in a nurturing context. Consequently, in preschool settings, the successful implementation of integrated childcare hinges on a multidimensional approach involving resource integration, meticulous planning of the childcare environment, and the design of childcare activities. These components demand robust professional competence to enhance the childcare domain's structural and process quality.

However, a closer examination reveals that most integrated education initiatives predominantly target children in kindergarten through elementary school, with a noticeable paucity of discourse on integrated childcare in early childcare centers. This disparity is primarily attributed to the unique developmental trajectories and abilities of infants and toddlers aged 0-2 years. Often, developmental delays or special needs in this age group are initially identified as "suspected developmental delays" and monitored over time. Many families opt for home care when a child is diagnosed with special needs, given the heightened need for individualized support and attention that aligns with the child's physical and developmental requirements.

Addressing the needs of infants and young children with special needs extends beyond general childcare knowledge. It necessitates a comprehensive understanding of special education and providing suitable aids and professional resources. This specialized approach ensures that these young children receive the appropriate support they need in their early childcare experiences. This requirement for specialized care contributes to the rarity of genuinely exceptional infants and toddlers being enrolled in regular childcare centers, reflecting a gap in the current early childcare and education system.

H Child Care Center, a government-operated facility established in 2018, exemplifies an evolving childcare and education landscape. The center, catering to different age groups with three classes for children aged 0-2, 1-2, and 2-3 years, employs 20 teachers and has enrolled 75 infants and toddlers to date, including 11 with special needs. A significant development in the center's journey occurred in August 2022 with the enrollment of Andy (a pseudonym), a one-and-a-half-year-old diagnosed with moderate cerebral palsy post-admission.

This paper will scrutinize the adaptive strategies and operational management at H Child Care Center in response to Andy's unique needs. As a government-appointed quality promotion supervisor and a university educator, the researcher's role entailed assisting the center in enhancing its service quality. This involved thoroughly reviewing classroom space planning, educational resources, and childcare activities, focusing on integrating children with special needs like Andy.

The paper aims to conduct an in-depth analysis of various aspects: the spatial configuration of the classroom, the materials used in educational and care activities, the structure of childcare activities, and the nature of integration and interaction. Additionally, discussions with the center's administrative team will be presented, focusing on feasible strategies to optimize the integration of special needs infants and young children. The goal is to identify and implement continuous improvements and adjustments in the care of such children.

Through sharing these experiences and insights, this paper seeks to provide practical, actionable information and services to childcare professionals. The ultimate objective is to enrich the knowledge base and operational competence of childcare providers, thereby fostering an environment that is both inclusive and conducive to the holistic development of all children, particularly those with special needs like Andy..

## **2. Case Introduction: Andy's Journey**

In August 2022, 1-year-and-6-month-old Andy was enrolled in a government-run childcare center following his diagnosis of moderate cerebral palsy, a condition caused by oxygen deprivation at birth. Andy's enrollment was necessitated by his parents' work commitments and inadequate home care. Upon his admission, the center was confronted with the magnitude of his needs. Andy exhibited significant physical limitations, including limb weakness, inability to control his movements, and overall body stiffness. He was unable to sit unassisted and displayed acute

separation anxiety, evidenced by persistent crying episodes lasting two months post-admission. Though the center had experience with children who had developmental delays, caring for a child with moderate cerebral palsy was uncharted territory, posing substantial challenges in care and activity planning.

As the PuraPharmonic Counselor of the center, the researcher played a crucial role in guiding the center through this complex situation. This involved an extensive review and adaptation of classroom layouts, teaching aids, and childcare activities, all aimed at optimizing integrated care for children with disabilities, particularly for Andy.

A notable struggle at the management level was evident in their initial interaction with Andy, nicknamed "Roller Boy" by the staff. When Andy's mother was informed of his acceptance into the center, her mixed emotions of joy and concern were palpable over the phone. The staff, accustomed to caring for children with special needs, was surprised to discover the extent of the challenges they would face with Andy.

Upon his arrival, it became clear that Andy's needs were far beyond what the staff had previously encountered. Physically larger for his age but without independent speech or movement, Andy depended entirely on his mother. The center's initial attempts to integrate him into regular activities, like sitting in a chair, proved futile due to his paralysis and lack of limb control. Consequently, a designated area was created for him to lie down, marking the beginning of a tailored approach to his care.

Andy's adjustment period was marked by significant distress, particularly during nap times, manifesting in loud crying and agitation, a phase that persisted for two months. This situation raised a critical question for the center: Were they equipped to adequately care for and support a child with needs as complex as Andy's, known affectionately as "Roller Boy"? This case study delves into the center's journey in navigating these challenges, highlighting the adaptations, strategies, and reflections from this unique and demanding caregiving experience.

The care and support extended to Andy and his family at the child care center necessitated a shift from the conventional "toddler-centered" approach to a more "family-centered" perspective. As highlighted by Schenker (2016), this approach emphasizes the importance of supporting families, respecting their decisions, and fostering a collaborative partnership between parents and caregivers. Such a family-centered methodology enhances family participation in services and strengthens family capacity and autonomy, thereby contributing to the holistic development of children and families.

Recognizing the criticality of early intervention for children with special needs like Andy, the center faced a pressing question: What specific assistance could be provided given the constraints of the current workforce and resources? While ensuring a "safe place" for Andy's care is fundamental, the ambition to deliver supportive childcare services to Andy and his family necessitated a more proactive and adaptive approach.

One pivotal consideration was Andy's age and the limited duration of childcare services available to him. At one year and six months, Andy had not received any early therapy services before his daycare enrollment. Given that the period up to 3 years of age is considered crucial for early intervention, Andy's window of opportunity for effective therapy was notably narrow. He had, at most, 16 months left before reaching the age of 3, or even less if he was to transition into a particular education class in a public nursery school. This time constraint underscored the urgency to initiate comprehensive early intervention, making each day critical in Andy's developmental journey.

Addressing this challenge required the center to rapidly develop and implement an early intervention plan tailored to Andy's needs. The center had to align its strategies with the limited time frame while ensuring these interventions were impactful and meaningful for Andy's development. This scenario underscores the complexities involved in providing specialized care within childcare settings and the imperative of rapid and effective response in early childhood special needs cases.

### 3. Results

#### 3.1. Optimal Class Placement for Andy (Where)

Upon Andy's enrollment in the 1-2-year-old class, his caregivers were confronted with a crucial decision regarding his placement. Considering his physical limitations, there was deliberation on whether he should be moved to the 0-1-year-old class with less mobile infants. However, after assessing his cognitive abilities and in alignment with his actual age, it was decided to retain Andy in the 1-2-year-old class, recognizing that his cognitive development paralleled that of his peers.

### *3.2. Identifying the Best Caregiver for Andy (Who)*

Teacher Apple, assigned as Andy's primary caregiver, had been with the center for two years but needed to gain experience in special needs child care. This assignment brought significant stress, highlighting the need for support and assistance in managing the one-on-one care that Andy required. The center contemplated reassigning Andy's care but recognized that regardless of experience, any teacher would face similar pressures. Thus, Teacher Apple remained his caregiver, focusing on enhancing collaboration within the classroom to ensure the equitable care of all children.

### *3.3. Resource Provision for Andy (What)*

While the center was equipped with resources suitable for children of various ages, Andy's care necessitated more than just physical amenities. He required personalized adult assistance to participate in activities, and integrating early therapy resources was identified as a crucial element. Following Luk Yi-jun's (2017) recommendation, the center explored inter-professional collaboration, inviting exceptional education professionals for co-teaching to facilitate Andy's adaptation and reduce the caregiver workload.

### *3.4. Role in Admitting Children with Special Needs (Why)*

The center faced introspective questions about its capacity to care for a child with severe special needs like Andy. Despite regulatory obligations to admit such children, the center sought to balance Andy's integration without disrupting classroom dynamics. This scenario required the center to evolve beyond being mere care providers and embrace roles as family supporters, resource navigators, and active learners in special needs childcare.

### *3.5. Planning Andy's Individualized Childcare Program (How)*

The concept of an Individualized Education Program (IEP) in integrated education guided the center's approach to "Individualized Childcare" for Andy. Acknowledging the center's limitations in experience and professional knowledge for such specialized care, it became imperative to tap into external professional support. This approach, as emphasized by Cochrane (2020), necessitated the collaboration of various professionals to develop a tailored childcare plan that catered to Andy's unique needs and maximized his developmental opportunities within the critical early intervention period.

## **4. Preliminary Analysis of the Benefits of Integrated Childcare**

The integrated childcare experience for children like Andy, who has moderate cerebral palsy, offers valuable insights into the benefits and challenges of such a system. Drawing from the process quality perspective, the case of Andy highlights the following key dimensions:

### *4.1. Changes in the Case Itself:*

Post-enrollment, Andy exhibited remarkable progress. His mood stabilized, and he showed more positive expressions and a reduced frequency of mood swings. In terms of activity participation, Andy actively engaged and showed interest in interacting with peers, especially when they approached or shared toys with him. Behaviorally, Andy's parents became more proactive about early therapeutic interventions, leading to significant developments in his self-care skills, such as attempting to eat and drink independently.



#### 4.2. *Changes in Other Children in the Classroom:*

The inclusion of Andy in the toddler class led to observable changes in the attitudes and behaviors of his peers. Andy was placed in his actual age group despite his physical challenges after careful consideration. The children in the class displayed tolerance and sharing in their interactions with Andy, indicating an innate capacity among young children to adapt and show empathy in an inclusive environment.

#### 4.3. *Changes in Child Care Personnel:*

Initially, the primary caregivers faced significant stress due to inexperience and a lack of understanding of cerebral palsy. However, as suggested by Zhong Meijing (2018), the apprehension decreased with the support of a collaborative team. The caregivers transitioned from viewing Andy as a "challenge" to recognizing him as a class member with special needs, focusing more on individualized activity design and resource-seeking for his participation. This shift in mindset and introducing professional knowledge resources facilitated a more supportive and effective care environment for Andy.

### 5. Conclusions

Implementing a friendly, integrated education environment aligns with the principles of justice and fairness in children's rights. Every child, regardless of physical, cognitive, or emotional needs, should be able to learn in a general education environment. Including special needs children in mainstream settings ensures more diverse learning and interaction experiences in a supportive atmosphere. However, integrating special needs infants and young children in childcare centers is still evolving, especially for those under two years old who require more adult assistance in daily tasks.

The role of childcare personnel is critical in implementing integrated childcare, necessitating professional competence in special education. The case study underscores the need for clear regulations on admitting particular infants and young children, enhanced professional training, resource integration, and a strong partnership between parents and childcare centers. These measures help ensure that special needs infants and young children receive adequate support in both process and structural quality, fostering an inclusive and nurturing environment conducive to their overall development..

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